

MONTANA BOARD OF PHARMACY
301 S. Park Avenue, 4th Floor
P. O. Box 200513
Helena, Montana 59620-0513
(406) 841-2356 FAX (406) 841-2305
dlibsdpba@mt.gov
www.mt.gov/dli/pha

Certification of Pharmacist-in-Charge

State of Montana)
County of _____)

Name of Pharmacy _____ License # _____

Address of Pharmacy _____

Owner of Pharmacy _____

I, _____, Montana license # _____, being first
duly sworn, upon oath deposes and says:

That I am the **Pharmacist-in-Charge** of the above named pharmacy and will be the **Pharmacist-in-Charge**. That if the undersigned ceases to be the **Pharmacist-in-Charge**, the undersigned will notify the Board of Pharmacy of such fact and failure to do so may be cause for suspension or revocation of my registered pharmacist license; that the undersigned agrees fully and promptly to comply with the applicable laws of the State of Montana, the lawful rules and regulations of the Board of Pharmacy, governing this license, applicants business, and the sale of permitted drugs, pharmaceuticals and commodities.

Signature _____

Subscribed and sworn before me this _____ day of _____, 20__

Notary Public _____

(s e a l)

residing at _____

Commission expires _____